2008 FOR PROFIT CORPORATION

ANNUAL REPORT OOLINENT # D04000020070



FILED May 23, 2008 8:00 am Secretary of State

1. Entity Name TEN BROECK HOSPITALS, INC.									U5-2 <i>s</i>	5-200 8	90022	030 ****	130.00
Principal Place of Business Mailing Address								3.*					
603 MAIN STREET P.O. BOX 1100 WINDERMERE, FL 34786-1100 P.O. BOX 1100 WINDERMERE, FL 34786-1100 WINDERMERE, FL 34786-1100					6-1100			i (88 3/83) (4) 86187 (1811 ABIN 8	a ini aa nii a	1189	14 18111 INCNE 181	(CB) (1 (BB)
2. Principal Place of Business - No P.O. Box #			3. Mailing Address										
Suite, Apt. #, etc.			Suite, Apt. #, etc.					02012008	Chg-P		CR2E03	4 (12/06)	
City & State			City & State					4. FEI Numb 59-371					plied For t Applicable
Zip	Zip Country		Zip	Zip Count				5. Certificate of Status Desired \$8.75 Additional Fee Required					
	6. Name a	and Address of Current	Registered Ag	ent	-	Nama		7. Name and	Address of N	lew Reg	istered A	gent	
BARKMAN						Name Street Addr	ress (P	O Box Numb	er is Not Acce	piable)			
603 MAIN STREET WINDERMERE, FL, 34786													
					-	City FL Zip Code						8	
	named entity ions of registe	submits this statement f ered agent.	or the purpose o	f changing its re	egistere	d office or req	gistere	ed agent, or bo	th, in the State	of Flori	da. I am f	amiliar with,	and accept
SIGNATURE	Signature lyped o	/ V printed name of registered agen	I and tills if applicable	(NOTE:	Penetoren	Agent signature fo	tenuard v	when reinstaling)			DATE		
				·	1100-5101-00			•	1				
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Signature and Typed or Printed Name of Signing Officer on Director